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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Mucarsel-Powell, Debbie, , , (b) Address (number and street)		Nh a ale if a alabe		1	2. Candidate's FFC Identification	Number				
	PO Box 566442	☐ Check if address changed			l	Candidate's FEC Identification Number H8FL26039					
	(c) City, State, and ZIP Code					3. Is This New	Amended				
	Miami		F	L 332		Statement (N) OR	x (A)				
4.	Party Affiliation	5. Office Soug			1	rict of Candidate					
	DEMOCRATIC PARTY	House			FL	26					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	Thereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)	_									
	Debbie for Congres	S									
	(b) Address (number and street) PO Box 566442										
	(c) City, State, and ZIP Code										
	Miami				FL	33256					
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES					
		(Including Joi	nt Fundraisi	ng Representativ	es)					
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NC	T my princi	oal campaign con	nmittee, to receive and expend fund	s on behalf of my				
	NOTE: This designation should be f	iled with the pr	incipal camp	aign commit	tee.						
	(a) Name of Committee (in full)										
	Mucarsel-Powell 20	18 Victory	y Fund								
	(b) Address (number and street) 430 South Capitol St SE										
	2nd Floor										
	(c) City, State, and ZIP Code										
					DC	20003					
	Washington				DC	20003					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Sig	gnature of Candidate					Date					
Mucarsel-Powell, Debbie, , ,				[Elec	ctronically Filed]	03/23/2020					
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
	1	1		1	1						

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Bold Democrats III								
	(b) Address (number and street) PO Box 75357								
	(c) City, State, and ZIP Code								
	Washington	DC	20013						
_									
8.		nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)								
	New Wave Women								
	(b) Address (number and street) 430 S Capitol St SE								
	FI 2								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Nadler Victory Fund (b) Address (number and street) 200 W 79th St								
	#8N								
	(c) City, State, and ZIP Code								
	New York	NY	10024						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee. a) Name of Committee (in full)								
	Hold the House Frontline Fund								
	(b) Address (number and street) 401 2nd Ave S								
	(b) Address (number and street)								
	(b) Address (number and street) 401 2nd Ave S	WA							